

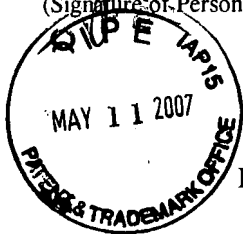
gfw

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage, as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 8 May 2007

Jeannie Camara

(Typed or Printed Name of Person Transmitting Paper or Fee)

Jeannie Camara
(Signature of Person Mailing Paper or Fee)



PATENT APPLICATION
Attorney Docket No. OR03-12701

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)
Sachin Desai et al.) Examiner: Gillis, Brian J.
Serial No. 10/775,642) Group Art Unit: 2141
Filing Date: 10 February 2004)
Title: SYSTEM AND METHOD FOR)
DYNAMICALLY SELECTING A LEVEL OF)
COMPRESSION FOR DATA TO BE)
TRANSMITTED)

AMENDMENT TRANSMITTAL LETTER

Mail Stop: Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed 7 March 2007.
- ☐ A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - ☐ check for \$130.00 fee under 37 C.F.R. § 1.20(d), and
 - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and ___ references.
- ☒ No additional claims fees are required.

[] An additional fee is required, and is calculated as shown below:

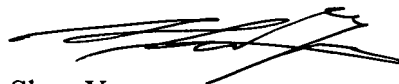
AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$50 =	
Independent Claims		MINUS = 3	0	x \$200 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- [] A check in the amount of \$____ is enclosed.
[] Charge \$____ to Deposit Account No. ____ (Docket No. ____).
[x] Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. OR03-12701).

Shun Yao
Park, Vaughan & Fleming LLP
2820 Fifth Street
Davis, CA 95618-7759
Tel: (530) 759-1667
Fax: (530) 759-1665
Email: shun@parklegal.com

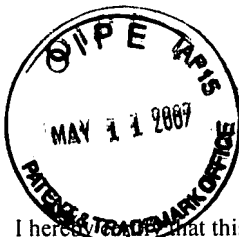
Respectfully submitted,

By



Shun Yao
Registration No. 59,242

Date: 8 May 2007



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Application Number : 10/775,642
Applicant : Sachin, Desai et al.
Filed : 10 February 2004
TC/A.U. : 2141
Examiner : Gillis, Brian J.

Confirmation Number: 1300

Docket Number : OR03-12701
Customer No. : 51,067

M/S: Box Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir

In response to the office action of **7 March 2007**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.